

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

Address to:
 Mail Stop M Correspondence
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Fax to:
571-273-6500

- OR -

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: **30678**

OR

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (If known)	APPLICATION NUMBER
	10/612,346

Completed by (check one):

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Applicant/Inventor | /Jeffrey W. Gluck/ |
| <input checked="" type="checkbox"/> Attorney or Agent of record 44,457
(Reg. No.) | Signature |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96) | Jeffrey W. Gluck
Typed or printed name |
| <input type="checkbox"/> Assignee recorded at Reel _____ Frame _____ | (202) 331-7111
Requester's telephone number |
| | June 19, 2008
Date |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of **1** forms are submitted.